

**Superior Court of California, County of Alameda
Guardianship Cover Sheet**

First Person Who Wants to be Guardian:

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Work Phone Number:

Social Security Number:

Driver's License Number:

Date of Birth:

Second Person Who Wants to be Guardian:

Name:

Social Security Number:

Driver's License Number:

Date of Birth:

Work Phone:

How many people want to be Guardian?

1

2

Child(ren) in the Guardianship

First Child

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Date of Birth:

City and State of Birth:

Sex (Male and Female):

Second Child

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Date of Birth:

City and State of Birth:

Sex (Male and Female):

Third Child

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Date of Birth:

City and State of Birth:

Sex (Male and Female):

Fourth Child

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Date of Birth:

City and State of Birth:

Sex (Male and Female):

Fifth Child

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Date of Birth:

City and State of Birth:

Sex (Male and Female):

Number of Children in Guardianship:

- 1
- 2
- 3
- 4
- 5

Person Who Will Talk to the Judge About the Guardianship (called the Petitioner)

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Work Phone Number:

BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING

What courthouse do you want to go to?

___ Berkeley Courthouse

2120 Martin Luther King, Jr. Way

Berkeley, CA 94704

___ Fremont Courthouse

39439 Paseo Padre Parkway

Fremont, CA 94538

___ Pleasanton Courthouse

5672 Stoneridge Drive

Pleasanton, CA 94588

**Petition for Appointment of
Guardian of the Person**

Guardianship of the person of (all children's names): _____

Clerk stamps date here when form is filed.

You may use this form or the Petition for Appointment of Guardian of Minor (form GC-210) to petition, or ask, the court to appoint a guardian of the person of a minor child. (You must use form GC-210 to ask the court to appoint a guardian of a minor child's estate or person and estate.)

Fill in court name and street address:

Superior Court of California,
County of _____

Clerk fills in information below when form is filed.

Case Number:**Hearing Date and Time:****Dept.:**

- 1 Your name** (include the names of all persons who are requesting the court to appoint them or the person named in **(4)** as guardian for the child or children named above and in **(8)**. All must sign this form.):

a. _____
 b. _____
 c. _____

- 2 Your address and telephone number:**

Street: _____ Apt.: _____

City: _____

State: _____ Zip: _____ Phone: _____

- 3** ☐ **Your lawyer** (if you have one):

Name: _____ Bar No.: _____

Firm Name, if any: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax (optional): _____ e-mail (optional): _____

- 4** ☐ **I/We want to be guardian of the child or children named in (8) (Go to (5) .)**

- ☐ **I/We want the person or persons named here to be the guardian of the child or children named in (8). Tell the court about the proposed guardian(s) below.**

Name(s): _____

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: _____

- ☐ **I am the child or one of the children named in (8) and a person named in (1) .**

I am at least 12 years old. I want the person or persons named here to be my guardian.**My date of birth is (month/day/year):** _____

Guardianship of the person of *(all children's names)*: _____

Case Number: _____

5 The proposed guardian named in ① or ④ is (check all that apply):

- a. ☐ related to the child or children named in ⑧, as shown in item 3 of the child's or children's attached *Guardianship Petition—Child Information Attachment* (form(s) GC-210(CA)).
- b. ☐ not related to the child or children named in ⑧.
- c. ☐ a nominee of a parent of one or more of the children named in ⑧, as shown in item 5 of the child's or children's attached *Guardianship Petition—Child Information Attachment* (form(s) GC-210(CA)).

6 ☐ Check this box if you checked the box in item 5b (guardian unrelated to child or children).

Answer the question in item a and check the box in item b or c. If you check the box in c, provide the signed statement of the proposed guardian on a separate sheet of paper. Write "Form GC-210(P)—Attachment 6: Statement of Unrelated Guardian" at the top of the paper and attach it to this form.

- a. Does the proposed guardian run a licensed foster family home? ☐ Yes ☐ No
- b. ☐ I am the proposed guardian. I will promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services.
- c. ☐ I am **not** the proposed guardian. The signed statement of the proposed guardian agreeing to promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services is attached to this form as Attachment 6.

7 ☐ A person other than the proposed guardian(s) named in ① or ④ has been nominated in a will or other writing as guardian of the child or children named in ⑧. A copy of the written nomination is attached. Write "Form GC-210(P)—Attachment 7: Nomination of Another Person as Guardian" at the top of the writing and attach it to this form. Fill in the nominated person's name and address in item 2 of the Guardianship Petition—Child Information Attachment (form GC-210(CA)) for each child for whom the person was nominated as guardian.

8 Tell the court about the child or children who need a guardian:

Fill out and attach to this form a separate copy of Guardianship Petition—Child Information Attachment (form GC-210(CA)) for each child named below. Show all children's names at the top of all pages of this form.

Fill out and attach to this form a Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)(form FL-105/GC-120) concerning all children listed below.

The full legal name and date of birth of each child who needs a guardian is *(specify)*:

a. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

b. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

c. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

d. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

e. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

- ☐ Check here if there are additional children. Continue this list on a separate sheet of paper. Write "Form GC-210(P)—Attachment 8: Additional Children" at the top of the paper and attach it to this form.

9 The guardianship is necessary or convenient for the reasons given below.*(Explain why the child or children need a guardian.)* _____

- ☐ Check here if you need more space. Continue your explanation on a separate sheet of paper.
Write "Form GC-210(P)—Attachment 9: Need for Guardian" at the top of the paper and attach it to this form.

10 I/We ask the court to (check all that apply):

- a. Appoint the person named in **(1)** or **(4)** guardian of the person of the child or children named in **(8)** and issue Letters of Guardianship.
- b. ☐ Excuse me/us from having to give notice of the hearing on this petition to one or more relatives or other persons listed in item 2 of the attached *Guardianship Petition—Child Information Attachment* (form GC-210(CA)) for the reasons given below (*specify (1) the name of each child, (2) the name and relationship to the child of each of the persons to whom you want the court to excuse you from giving notice, and (3) the reasons for your request, including the steps you have taken to find each person, if any*): _____

- ☐ Check here if you need more space. Continue your explanation on a separate sheet of paper.
Write "Form GC-210(P)—Attachment 10b: Request for Waiver of Notice" at the top of the paper and attach it to this form.

The relatives and other persons listed in item 2 of each child's Guardianship Petition—Child Information Attachment (form GC-210(CA)) must be given notice of the hearing on your petition for appointment of a guardian for that child unless the court excuses you from giving notice. The court may waive (excuse) this requirement if you can show the court that you do not know where the relative or other person is located after making reasonable efforts to find him or her, or if giving notice to that person may harm the child or otherwise be contrary to the interests of justice. See rule 7.52 of the California Rules of Court for information on making reasonable efforts to find a person.

Guardianship of the person of (*all children's names*): _____

Case Number: _____

- 10 c. ☐ Make the following additional orders (*specify*): _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

☐ Check here if you need more space. Continue your request for additional orders on a separate sheet of paper. Write "Form GC-210(P)—Attachment 10 c: Additional Orders" at the top of the paper and attach it to this form.

- 11 **Filed with this petition are the following** (*check all that apply*):
- ☐ Consent of Proposed Guardian (form GC-211, item 1)
- ☐ Nomination of Guardian (form GC-211, items 2 and 3)
- ☐ Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4)
- ☐ Petition for Appointment of Temporary Guardian or Conservator (form GC-110)
- ☐ Petition for Appointment of Temporary Guardian of the Person (form GC-110(P))
- ☐ Confidential Guardian Screening Form (form GC-212)
- ☐ Other (*specify*): _____
- _____
- _____
- _____

12 All attachments are made part of this form as though placed here. There are _____ pages attached to this form.

All persons named in ① (petitioners) and their attorney (if they have one) must read and sign below.

Date: _____

Petitioner's attorney types or prints name here

Petitioner's attorney signs here

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct

Date: _____

Petitioner types or prints name here

Petitioner signs here

Date: _____

Petitioner types or prints name here

Petitioner signs here

Date: _____

Petitioner types or prints name here

Petitioner signs here

Guardianship of (*all children's names*): _____

This child's name: _____

Fill out a separate copy of this form for **each** child for whom you want the court to appoint a guardian.**This form is attached to the Petition, ☐ item 2 of form GC-210, or ☐ item 8 of form GC-210(P).**The Petition asks for the appointment of a guardian of this child's (*specify*): ☐ person ☐ estate ☐ person and estate**1 Tell the court about this child**a. Child's full legal name: _____ Date of birth: _____

First

Middle

Last

Month/Day/Year

b. Child's current address: _____

c. (*Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.*)(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, (*specify tribe*): _____*(If you checked "Yes" to item (1), this guardianship case is subject to the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901, et seq.). If you checked "Not sure" or "No" to item 1, answer item (2)).*

(2) Do you know or have reason to know (within the meaning of Prob. Code, § 1460.2, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?

☐ No ☐ Yes (*If you checked "Yes" to either item (1) or item (2), you must fill out a Notice of Child Custody Proceeding for Indian Child (Form ICWA-030) ("Notice"). Your attorney must serve copies of the Notice, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original Notice and deliver it to the court. After service, the original Notice and all return receipts must be filed with the court. Service of the Notice is in addition to service of any other notices required in this case.*)d. Is this child married? ☐ Yes ☐ No ☐ Never married If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? ☐ Yes ☐ No*(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)*e. Is this child receiving public assistance? ☐ Yes ☐ No ☐ Unknown (*If you checked "Yes," fill out below.*)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

f. Name and address of the person with *legal* custody of this child: _____

Guardianship of (*all children's names*): _____

Case Number:

This child's name: _____

1 Tell the court about this child (continued)

- g. ☐ (*Check this box and fill out below if the person the child lives with is not the person with legal custody.*)

Name and address of the person this child lives with (has the care of the child): _____

- h. ☐ (*Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, custody, or other similar court case.*) Describe the court case below:

Type of Case	Court District or County and State	Case Number (if known)

- i. ☐ (*Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.*) Write the name of the institution here: _____

2 List the names and addresses of this child's relatives and other persons shown below:

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____
Mother	_____	_____
Grandfather (Father's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Mother's mother)	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____



Guardianship of (all children's names): _____

Case Number:

This child's name: _____

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____ _____
Brother/Sister	_____	_____ _____

- ☐ Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2:—Other Siblings" at the top of the paper and attach it to this form.

Spouse (Guardianship of the estate only)	_____	_____ _____
Person nominated as guardian of this child (Other than a proposed guardian listed in ③)	_____	_____ _____

3 Information about the proposed guardian:

a. Name (name all proposed guardians if more than one): _____

b. Relationship(s) to the child named in ① (check all that apply):

☐ Relative (specify relationships of all proposed guardians to the child): _____

☐ Not a relative (explain interest in or connection to this child): _____

4 Explain why appointing the person in ③ guardian would be best for this child: _____

- ☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4:—Best Interest of Child" at the top of the paper and attach it to this form.

Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?

a. Father: ☐ Yes ☐ No ☐ Not known at this time.

b. Mother: ☐ Yes ☐ No ☐ Not known at this time.

(You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4) signed by the child's parent or parents (or any adult relative listed in 2) who agree. The court may excuse you from having to give notice of the court hearing on your request for appointment of a guardian to a parent or other relative who signs that form.)

6 Suitability for guardianship of this child

a. Does this child live with the person in 3 now? ☐ Yes ☐ No

b. If the court approves the guardianship, will this child live with the person in 3? ☐ Yes ☐ No

c. Does the person in 3 plan to adopt this child now? ☐ Yes ☐ No

7 ☐ Check this box if you (the petitioner) are not the person in 3, and fill in below.

Your relationship to this child:

☐ Relative (specify): _____

☐ Not a relative (explain your interest in or connection to this child): _____

8 Except as otherwise stated in this form, the statements made in the Petition to which this form is attached fully apply to this child.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
GUARDIANSHIP OF (Name): MINOR		CASE NUMBER:	
CONFIDENTIAL GUARDIAN SCREENING FORM Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate		HEARING DATE AND TIME:	DEPT.:

The proposed guardian must complete and sign this form. The person requesting appointment of a guardian must submit the completed and signed form to the court with the guardianship petition.
This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed guardian must complete and sign a separate copy of this form under rule 7.1001 of the California Rules of Court. The information provided will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint the proposed guardian as guardian. The proposed guardian **must** respond to each item.

1. a. **Proposed guardian (name):**
b. Date of birth:
c. Social security number:
d. Driver's license number:
e. Telephone numbers: Home: Work: Other: State:
2. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290.
(If you checked "I am," explain in Attachment 2.)
3. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)
☐ (Check here if you have been arrested for drug or alcohol-related offenses.)
4. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years.
(If you checked "I have," explain in Attachment 4.)
5. ☐ I am ☐ I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue.
(If you checked "I am," explain in Attachment 5.)
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
☐ Yes ☐ No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)
7. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation? ☐ Yes ☐ No (If you checked "Yes," explain in Attachment 7.)
8. ☐ I am ☐ I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)
☐
9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?
☐ Yes ☐ No (If you checked "Yes," explain in Attachment 9.)

Page 1 of 2

GC-212

GUARDIANSHIP OF <i>(Name)</i> :	CASE NUMBER:
MINOR	

10. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?
☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 10.)*
11. Do you or does any other person living in your home suffer from mental illness?
☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 11.)*
12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?
☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 12.)*
13. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian.
(If you checked "I have or may have," explain in Attachment 13.)
14. ☐ I have ☐ I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding.
(If you checked "I have," explain in Attachment 14.)
15. ☐ I have ☐ I have not been removed as guardian, conservator, executor, or fiduciary in any other proceeding.
(If you checked "I have," explain in Attachment 15.)
16. ☐ I am ☐ I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f).
(If you checked "I am," respond to item 17. If you checked "I am not," go to item 18.)
17. ☐ I am ☐ I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as guardian in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 4d of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
18. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation)*:

 a California nonprofit charitable corporation that meets the requirements for appointment as guardian of the proposed ward under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as guardian. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed ward in Attachment 18.)*
19. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years.
(If you checked "I have," explain in Attachment 19.)

MINORS' CONTACT INFORMATION

- | | | | |
|-----|--|-------------------------|------------------|
| 20. | Minor's name: | School (<i>name</i>): | |
| | Home telephone: | School telephone: | Other telephone: |
| 21. | Minor's name: | School (<i>name</i>): | |
| | Home telephone: | School telephone: | Other telephone: |
| 22. | Minor's name: | School (<i>name</i>): | |
| | Home telephone: | School telephone: | Other telephone: |
| | <input type="checkbox"/> Information on additional minors is attached. | | |

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PROPOSED GUARDIAN)

(SIGNATURE OF PROPOSED GUARDIAN)*

* Each proposed guardian must fill out and file a separate screening form.

SHORT TITLE: 	CASE NUMBER:
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- 1
- 2
- 3
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- 27

(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, **not** line numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

Page _____

When you are appointed by the court as a guardian of a minor, you become an officer of the court and assume certain duties and obligations. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the *Guardianship Pamphlet (for Guardianships of Children in the Probate Court)* (Form GC-205), which is available from the court.

If the probate court appoints you as a *guardian of the person* for a child, you will be required to assume important duties and obligations.

- As guardian, you **do not** have the right to change the child's residence to a place outside of California unless you first receive the court's permission. If the court grants permission, California law requires that you establish legal guardianship in the state where the child will be living. Individual states have different rules regarding guardianships. You should seek additional information about guardianships in the state where you want the child to live.

Form Adopted for Mandatory Use
Judicial Council of California
GC-248 [New January 1, 2001]

GUARDIAN OF (Name):	MINOR	CASE NUMBER:
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- e. **Medical treatment** - As guardian, you are responsible for meeting the medical needs of the child. In most cases, you have the authority to consent to the child's medical treatment. However, if the child is 14 years or older, surgery may not be performed on the child unless either (1) both the child and the guardian consent or (2) a court order is obtained that specifically authorizes the surgery. This holds true except in emergencies. A guardian may not place a child involuntarily in a mental health treatment facility under a probate guardianship. A mental health conservatorship proceeding is required for such an involuntary commitment. However, the guardian may secure counseling and other necessary mental health services for the child. The law also allows older and more mature children to consent to their own treatment in certain situations such as outpatient mental health treatment, medical care related to pregnancy or sexually transmitted diseases, and drug and alcohol treatment.
- f. **Community resources** - There are agencies in each county that may be helpful in meeting the specific needs of children who come from conflicted, troubled, or deprived environments. If the child has special needs, you must strive to meet those needs or secure appropriate services.
- g. **Financial support** - Even when the child has a guardian, the parents are still obligated to financially support the child. The guardian may take action to obtain child support. The child may also be eligible for Temporary Aid for Needy Families, TANF (formerly known as AFDC), social security benefits, Veterans Administration benefits, Indian child welfare benefits, and other public or private funds.
- h. **Visitation** - The court may require that you allow visitation or contact between the child and his or her parents. The child's needs often require that the parent-child relationship be maintained, within reason. However, the court may place restrictions on the visits, such as the requirement of supervision. The court may also impose other conditions in the child's best interest.
- i. **Driver's license** - As guardian of the person, you have the authority to consent to the minor's application for a driver's license. If you consent, you will become liable for any civil damages that may result if the minor causes an accident. The law requires that anyone signing the DMV application obtain insurance to cover the minor.
- j. **Enlistment in the armed services** - The guardian may consent to a minor's enlistment in the armed services. If the minor enters into active duty with the armed forces, the minor becomes emancipated under California law.
- k. **Marriage** - For the minor to marry, the guardian **and the court** must give permission. If the minor enters a valid marriage, the minor becomes emancipated under California law.
- l. **Change of address** - A guardian must notify the court in writing of any change in the address of either the child or the guardian. This includes any changes that result from the child's leaving the guardian's home or returning to the parent's home. You **must** always obtain **court permission** before you move the child to another state or country.
- m. **Court visitors and status reports** - Some counties have a program in which "court visitors" track and review guardianships. If your county has such a program, you will be expected to cooperate with all requests of the court visitor. As guardian, you may also be required to fill out and file status reports. In all counties, you must cooperate with the court and court investigators.
- n. **Misconduct of the child** - A guardian, like a parent, is liable for the harm and damages caused by the willful misconduct of a child. There are special rules concerning harm caused by the use of a firearm. If you are concerned about your possible liability, you should consult an attorney.
- o. **Additional responsibilities** - The court may place other conditions on the guardianship or additional duties upon you, as guardian. For example, the court may require the guardian to complete counseling or parenting classes, to obtain specific services for the child, or to follow a scheduled visitation plan between the child and the child's parents or relatives. As guardian, you must follow all court orders.

(Continued on page three)

GUARDIAN OF (Name):	MINOR	CASE NUMBER:
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- p. **Termination of guardianship of the person** - A guardianship of the person automatically ends when the child reaches the age of 18, is adopted, marries, is emancipated by court order, enters into active military duty, or dies. If none of these events has occurred, the child, a parent, or the guardian may petition the court for termination of guardianship. But it must be shown that the guardianship is no longer necessary or that termination of the guardianship is in the child's best interest.

2. GUARDIANSHIP OF THE ESTATE

If the court appoints you as *guardian of the child's estate*, you will have additional duties and obligations. The money and other assets of the child are called the child's "estate." Appointment as guardian of a child's estate is taken very seriously by the court. The guardian of the estate is required to manage the child's funds, collect and make an inventory of the assets, keep accurate financial records, and regularly file financial accountings with the court.

MANAGING THE ESTATE

- a. **Prudent investments** - As guardian of the estate, you must manage the child's assets with the care of a prudent person dealing with someone else's property. This means that you must be cautious and may not make speculative or risky investments.
- b. **Keeping estate assets separate** - As guardian of the estate, you must keep the money and property of the child's estate separate from everyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *guardianship* account and not your personal account. You should use the child's social security number when opening estate accounts. You should never deposit estate funds in your personal account or otherwise mix them with your own funds or anyone else's funds, even for brief periods. Securities in the estate must be held in a name that shows that they are estate property and not your personal property.
- c. **Interest-bearing accounts and other investments** - Except for checking accounts intended for ordinary expenses, you should place estate funds in interest-bearing accounts. You may deposit estate funds in insured accounts in federally insured financial institutions, but you should not put more than \$100,000 in any single institution. You should consult with an attorney before making other kinds of investments.
- d. **Blocked accounts** - A *blocked account* is an account with a financial institution in which money is placed. No person may withdraw funds from a blocked account without the court's permission. Depending on the amount and character of the child's property, the guardian may elect **or the court may require** that estate assets be placed in a blocked account. As guardian of the estate, you must follow the directions of the court and the procedures required to deposit funds in this type of account. The use of a blocked account is a safeguard and may save the estate the cost of a bond.
- e. **Other restrictions** - As guardian of the estate, you will have many other restrictions on your authority to deal with estate assets. Without prior court order, you **may not** pay fees to yourself or your attorney. You may not make a gift of estate assets to anyone. You may not borrow money from the estate. As guardian, you may not use estate funds to purchase real property without a prior court order. If you do not obtain the court's permission to spend estate funds, you may be compelled to reimburse the estate from your own personal funds and may be removed as guardian. You should consult with an attorney concerning the legal requirements relating to sales, leases, mortgages, and investment of estate property. If the child of whose estate you are the guardian has a living parent or if that child receives assets or is entitled to support from another source, you must obtain court approval before using guardianship assets for the child's support, maintenance, or education. You must file a petition or include a request for approval in the original petition, and set forth which exceptional circumstances justify any use of guardianship assets for the child's support. The court will ordinarily grant such a petition for only a limited period of time, usually not to exceed one year, and only for specific and limited purposes.

INVENTORY OF ESTATE PROPERTY

- f. **Locate the estate's property** - As guardian of the estate, you must locate, take possession of, and protect the child's income and assets that will be administered in the estate. You must change the ownership of all assets into the guardianship estate's name. For real estate, you should record a copy of your *Letters of Guardianship* with the county recorder in each county where the child owns real property.

(Continued on reverse)

GUARDIAN OF (Name):	MINOR	CASE NUMBER:
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- g. **Determine the value of the property** - As guardian of the estate, you must arrange to have a court-appointed referee determine the value of the estate property unless the appointment is waived by the court. You—not the referee—must determine the value of certain "cash items." An attorney can advise you about how to do this.
- h. **File an inventory and appraisal** - As guardian of the estate, you must file an inventory and appraisal within 90 days after your appointment. You may be required to return to court 90 days after your appointment as guardian of the estate to ensure that you have properly filed the inventory and appraisal.

INSURANCE

- i. **Insurance coverage** - As guardian of the estate, you should make sure that there is appropriate and sufficient insurance covering the assets and risks of the estate. You should maintain the insurance in force throughout the entire period of the guardianship or until the insured asset is sold.

RECORD KEEPING AND ACCOUNTING

- j. **Records** - As guardian of the estate, you must keep complete, accurate records of each financial transaction affecting the estate. The checkbook for the guardianship checking account is essential for keeping records of income and expenditures. You should also keep receipts for all purchases. Record keeping is critical because you will have to prepare an accounting of all money and property that you have received, what you have spent, the date of each transaction, and its purpose. You will also have to be able to describe in detail what is left after you have paid the estate's expenses.
- k. **Accountings** - As guardian of the estate, you must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. The court may ask that you justify some or all expenditures. You should have receipts and other documents available for the court's review, if requested. If you do not file your accounting as required, the court will order you to do so. You may be removed as guardian for failure to file an accounting.
- l. **Format** - As guardian of the estate, you must comply with all state and local rules when filing your accounting. A particular format is specified in the Probate Code, which you must follow when you present your account to the court. You should check local rules for any special local requirements.
- m. **Legal advice** - An attorney can advise you and help you prepare your inventories, accountings, and petitions to the court. If you have questions, you should consult with an attorney.

3. OTHER GENERAL INFORMATION

- a. **Removal of a guardian** - A guardian may be removed for specific reasons or when it is in the child's best interest. A guardian may be removed either on the court's own motion or by a petition filed by the child, a relative of the child, or any other interested person. If necessary, the court may appoint a successor guardian, or the court may return the child to a parent if that is found to be in the child's best interest.
- b. **Legal documents** - For your appointment as guardian to be valid, the *Order Appointing Guardian of Minor* must be signed. Once the court signs the order, the guardian **must** go to the clerk's office, where *Letters of Guardianship* will be issued. *Letters of Guardianship* is a legal document that provides proof that you have been appointed and are serving as the guardian of a minor. You should obtain several certified copies of the *Letters* from the clerk. These legal documents will be of assistance to you in the performance of your duties, such as enrolling the child in school, obtaining medical care, and taking care of estate business.
- c. **Attorneys and legal resources** - If you have an attorney, the attorney will advise you on your duties and responsibilities, the limits of your authority, the rights of the child, and your dealings with the court. **If you have legal questions, you should consult with your attorney.** Please remember that the court staff cannot give you legal advice.

(Continued on page five)

GUARDIAN OF (Name):

MINOR

CASE NUMBER:

If you are not represented by an attorney, you may obtain answers to your questions by contacting community resources, private publications, or your local law library.

NOTICE: This statement of duties is a summary and is not a complete statement of the law. Your conduct as a probate guardian is governed by the law itself and not by this summary.

ACKNOWLEDGMENT OF RECEIPT

1. I have petitioned the court to be appointed as a guardian.
2. I acknowledge that I have received a copy of this statement of the duties of the position of guardian.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____	
<input type="checkbox"/> CONSENT OF PROPOSED GUARDIAN <input type="checkbox"/> NOMINATION OF GUARDIAN <input type="checkbox"/> CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE	CASE NUMBER: _____

CONSENT OF PROPOSED GUARDIAN

 1. I consent to serve as guardian of the ☐ person ☐ estate of the minor.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PROPOSED GUARDIAN)

NOMINATION OF GUARDIAN

 2. I am ☐ a parent of the minor ☐ a donor of a gift to the minor. I nominate (name and address):

 as guardian of the ☐ person ☐ estate of the minor.

 3. I am ☐ a parent of the minor ☐ a donor of a gift to the minor. I nominate (name and address):

 as guardian of the ☐ person ☐ estate of the minor.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

NOTICE: The guardian of the person of a minor child has full legal and physical custody until the child becomes an adult or is adopted, the court changes guardians, or the court terminates the guardianship. Parents or other interested persons must petition the court to terminate the guardianship. The court will not do so unless the judge decides that termination would be in the child's best interest.

CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

 4. I consent to appointment of the guardian as requested in the *Petition for Appointment of Guardian of Minor*, filed on (date): _____. I am entitled to notice in this proceeding, but I waive notice of hearing of the petition, including notice of any request for independent powers contained in it. I waive timely receipt of a copy of the petition.

DATE

(TYPE OR PRINT NAME)

(SIGNATURE)

RELATIONSHIP TO MINOR

DATE

(TYPE OR PRINT NAME)

(SIGNATURE)

RELATIONSHIP TO MINOR

DATE

(TYPE OR PRINT NAME)

(SIGNATURE)

RELATIONSHIP TO MINOR

☐ Continued on Attachment 4.

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

☐ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE
OF (Name):

☐ MINOR ☐ (PROPOSED) CONSERVATEE

NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:

This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that (name):
(representative capacity, if any):
has filed (specify):

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)

3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under
☐ Probate Code section 2108 ☐ Probate Code section 2590.
Powers requested are ☐ specified below ☐ specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date: _____ Time: Dept.: Room:

b. Address of court ☐ same as noted above ☐ is (specify):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF (Name): _____	CASE NUMBER: _____
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ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
—		
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<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	CASE NUMBER: _____
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PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

☐ Continued on Attachment 4.

5. I am (*check all that apply*):
 - a. ☐ not a registered California process server.
 - b. ☐ a California sheriff or marshal.
 - c. ☐ a registered California process server.
 - d. ☐ an employee or independent contractor of a registered California process server.
 - e. ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

- ☐ List of names and addresses of persons personally served by the undersigned continued on an attachment.
(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date: _____

▶ _____
 (SIGNATURE)

▶ _____
 (SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): ATTORNEY FOR (<i>Name</i>):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): <div style="text-align: right;">MINOR</div>		
ORDER APPOINTING GUARDIAN OF <input type="checkbox"/> MINOR <input type="checkbox"/> MINORS		
		CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.		

1. The petition for appointment of guardian came on for hearing as follows (*check boxes c, d, and e to indicate personal presence*):

- a. Judge (*name*):
- b. Hearing date: _____ Time: _____ Dept.: _____ Room: _____
- c. ☐ Petitioner (*name*):
- d. ☐ Attorney for Petitioner (*name*):
- e. ☐ Attorney for minor (*name, address, and telephone*):

THE COURT FINDS

2. a. ☐ All notices required by law have been given.
 b. ☐ Notice of hearing to the following persons ☐ has been ☐ should be dispensed with (*names*):
3. ☐ Appointment of a guardian of the ☐ person ☐ estate of the minor is necessary and convenient.
4. ☐ Granting the guardian powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and is in the best interest of the guardianship estate.
5. ☐ Attorney (*name*): _____ has been appointed by the court as legal counsel to represent the minor in these proceedings. The cost for representation is: \$ _____
6. ☐ The appointed court investigator, probation officer, or domestic relations investigator is (*name, title, address, and telephone*):

THE COURT ORDERS

7. a. (*Name*): _____
 (Address): _____ (Telephone): _____

is appointed guardian of the PERSON of (*name*):
 and *Letters* shall issue upon qualification.

Do NOT use this form for a temporary guardianship.

(Continued on reverse)

GUARDIANSHIP OF (Name): <div style="text-align: right; padding-top: 20px;">MINOR</div>	CASE NUMBER:
---	--------------

7. b. (Name):
(Address):

(Telephone):

is appointed guardian of the ESTATE of (name):
and Letters shall issue upon qualification.

8. ☐ Notice of hearing to the persons named in item 2b is dispensed with.

9. a. ☐ Bond is not required.

b. ☐ Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.

c. ☐ Deposits of: \$ _____ are ordered to be placed in a blocked account at (specify institution and location):

and receipts shall be filed. No withdrawals shall be made without a court order. ☐ Additional orders in Attachment 9c.

d. ☐ The guardian is not authorized to take possession of money or any other property without a specific court order.

10. ☐ For legal services rendered on behalf of the minor, ☐ parents of the minor ☐ minor's estate shall pay to (name): _____ the sum of: \$ _____
☐ forthwith ☐ as follows (specify terms, including any combination of payors):

11. ☐ The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 11 ☐ subject to the conditions provided.

12. ☐ Orders are granted relating to the powers and duties of the guardian of the person under Probate Code sections 2351-2358 as specified in Attachment 12.

13. ☐ Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 13.

14. ☐ Other orders as specified in Attachment 14 are granted.

15. ☐ The probate referee appointed is (name and address):

16. Number of boxes checked in items 8-15: _____

17. Number of pages attached: _____

Date:

JUDGE OF THE SUPERIOR COURT
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

1. (Name): _____ is appointed guardian of the ☐ person ☐ estate
of (name): _____

2. ☐ Other powers have been granted and conditions have been imposed as follows:
- a. ☐ Powers to be exercised independently under Probate Code section 2590 are specified in attachment 2a (*specify powers, restrictions, conditions, and limitations*).
- b. ☐ Conditions relating to the care and custody of the property under Probate Code section 2402 are specified in attachment 2b.
- c. ☐ Conditions relating to the care, treatment, education, and welfare of the minor under Probate Code section 2358 are specified in attachment 2c.
- d. ☐ Other powers granted or conditions imposed are ☐ specified on attachment 2d. ☐ specified below.

3. ☐ The guardian is not authorized to take possession of money or any other property without a specific court order.
4. Number of pages attached: _____

(SEAL)

Clerk, by _____, Deputy

GUARDIANSHIP OF _____ (Name): MINOR	CASE NUMBER:
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NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the guardian of the estate (1) to take possession or control of an asset of the minor named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courtinfo.ca.gov/forms/. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF GUARDIANSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of guardian.

Executed on (date): _____, at (place): _____



 (TYPE OR PRINT NAME)

 (SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date: _____

Clerk, by _____, Deputy

GUARDIANSHIP SCREENING PURSUANT TO PROBATE CODE SECTION 1516

GUARDIANSHIP OF: _____

PROBATE NO.: _____ HEARING DATE: _____

IN ORDER TO PREVENT ANY DELAY IN YOUR HEARING, YOU MUST COMPLETE PAGE ONE OF THIS FORM IN ITS ENTIRETY AND FORWARD WITHIN **FIVE DAYS** TO:

CHILD PROTECTIVE SERVICES, J-230
P. O. Box 1769
Oakland, CA 94604-1769
(510) 587-4100

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS FORM.

***IT IS ESSENTIAL THAT THE RELATIONSHIP AND DATE OF BIRTH OF THE PROPOSED GUARDIAN(S) BE PROVIDED.**

Probate Number: _____ Hearing Date: _____

Name(s) of Proposed Ward(s): _____

Date(s) of Birth: _____

Address: _____ Phone Number: _____

Is this child a ward of the Court or on probation? YES/NO

Name of proposed guardian(s): _____

Date(s) of Birth: _____

Address: _____ Phone Number: _____

Are you related to the mother or father of the minor child(ren)? _____. Is this relationship by blood or marriage? _____

Child's mother's name: _____ Father's name: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Who will object to this guardianship? _____

Attorney of Record: _____

Address: _____ Phone Number: _____

****ATTORNEY: This document will be forwarded directly to the Court from Child Protective Services.****

DEPARTMENT OF SOCIAL SERVICES USE ONLY

[] NO INFORMATION AVAILABLE

[] INFORMATION AVAILABLE

(GP3)

Title 1516

FOR SOCIAL SERVICE DEPARTMENT USE ONLY

GUARDIANSHIP OF: _____

PROBATE NUMBER: _____

HEARING DATE: _____

SUMMARY OF INFORMATION

PROPOSED GUARDIAN'S QUESTIONNAIRE INSTRUCTIONS

Please read these instructions carefully. If there is to be more than one guardian, each guardian must complete a separate copy of the questionnaire.

All proposed guardians are required to complete this questionnaire. If you are a relative, return it to the Court Investigator's Office. If you are not a relative return it to Child Protective Services - Guardianship Unit. The information you provide will be used to prepare the report to the judge on your suitability as a guardian. This form is also available on the court's website at:
<http://www.alameda.courts.ca.gov/courts/forms/guardianpacket.pdf>

Each guardian is expected to answer all questions honestly. On the last page you are required to sign the form and declare, under penalty of perjury, that all the information you have provided is true and correct.

When completing this form please keep in mind that the term "proposed guardian" refers to the person who wants to become the guardian. The term "proposed ward" or "ward" refers to the child you are asking to become the guardian for. The term "petitioner" refers to the person who signed the petition asking the court to appoint a guardian.

If you are asking to be appointed **solely as guardian of the estate**, a telephone interview will be conducted by the court investigator.

If you are asking to be appointed as guardian of the person (or person **and** estate), a home visit is required. **Everyone who lives in the home must be present during the home visit.** After this form is received, a court investigator or social worker will contact you to make an appointment. If the form is not received promptly, your court hearing may be delayed up to 3 months.

There is a fee for the Court Investigation. It is currently \$450.00 and can be paid from the estate of the ward, if there is one, or by the proposed guardian or the parents. The fee may be waived under certain circumstances based on financial inability to pay. To obtain this waiver, you must file an Application for Waiver of Court Fees and Costs (also known as an IFP waiver) through the Clerk's Office. In some cases you may make arrangements for monthly payments through Alameda County Central Collections.

Please keep in mind:

1. ALL QUESTIONS MUST BE ANSWERED.
2. IF YOU NEED ASSISTANCE IN FILLING OUT THIS QUESTIONNAIRE, PLEASE CALL THE COURT'S SELF-HELP CENTER AT (510) 690-2501.
3. IF THE PROPOSED GUARDIAN IS A RELATIVE, SEND THE COMPLETED QUESTIONNAIRE TO THE COURT INVESTIGATOR'S OFFICE. IF THE PROPOSED GUARDIAN IS A NON-RELATIVE SEND IT TO CHILD PROTECTIVE SERVICES.

COURT INVESTIGATOR'S OFFICE
125-12th STREET, ROOM 390
OAKLAND, CA 94607-4912

CHILD PROTECTIVE SERVICES, J-230
P.O. BOX 1769
OAKLAND, CA 94604-1769

PROPOSED GUARDIAN'S QUESTIONNAIRE

YOU MUST ANSWER ALL QUESTIONS. (Write in "n/a" if a question does not apply to your situation.)

CASE NO. _____

HEARING DATE: _____

CHILD(REN) NEEDING GUARDIAN:

NAME	DATE OF BIRTH
1.	
2.	
3.	

☐ More children listed on back. (**Note: Child needing guardian is also called "proposed ward."**)

NAME(S) OF PROPOSED GUARDIAN(S) _____

Will you or anyone else in the home require an interpreter? ☐ YES ☐ NO Language : _____

SECTION I

SOCIAL HISTORY OF PROPOSED GUARDIAN (Probate Code 1513(a)(1)): (This information is about the person who wants to be guardian. Please complete a separate questionnaire for each proposed guardian.)

Name: _____ Date of Birth _____

Your Daytime phone number: _____

Home Address: _____

Home phone number: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Do you have a criminal history, including **any** arrests? Yes ☐ No ☐

Note: The Court Investigator will conduct a criminal background check.

Are you ☐ Married ☐ Widowed ☐ Single ☐ Separated ☐ Divorced

If married or separated, what is the name of your spouse? _____

Were you previously married or living with someone in a long-term, live-in relationship? ☐ Yes ☐ No

If yes, provide name(s) of "Ex," date of event (divorce, separation or death) that ended the relationship.

NAME	DATE (of death, divorce, separation)
------	--------------------------------------

NAME	DATE
------	------

List **your** children (even if they are adults and not living with you. Also provide their date of birth, address, and whether they have ever been arrested/charged with a crime)

NAME	BIRTH DATE	ADDRESS	ARRESTED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ More children listed on back.

YOUR HEALTH CONDITION: Please describe any current physical or mental health problems.

Are you being treated by a doctor or other health care practitioner? ☐ YES ☐ NO

If yes, why? _____

Please list any medications you are currently taking and state what they are for _____

Have you ever been in counseling? ☐ YES ☐ NO

If yes, reason for counseling: ☐ Drugs ☐ Alcohol ☐ Grief ☐ Domestic Violence ☐ Other _____

Explain: _____

EDUCATIONAL HISTORY:

Last school attended: _____ Where & When: _____

Degree(s) earned: _____ Where & When: _____

Other courses taken: _____

MILITARY HISTORY:

Branch of Service: _____ Date Entered: _____ Date Discharged: _____

Type of Discharge: ☐ Honorable ☐ General ☐ Good of Service ☐ Dishonorable

EMPLOYMENT:

Are you employed? ☐ YES ☐ NO

Name of Employer _____ Address: _____

Length of employment: _____ Job Title: _____

Responsibilities/duties: _____

Are you retired or have you been at your current employment for less than five years? ☐ YES ☐ NO

If yes, please list your work history for the past five years:

Name of Employer	Employed From	To
------------------	---------------	----

Name of Employer	Employed From	To
------------------	---------------	----

Name of Employer	Employed From	To
------------------	---------------	----

Name of Employer	<input type="checkbox"/> <input type="checkbox"/>	Employed From	To
------------------	---	---------------	----

PROPOSED GUARDIAN'S FINANCIAL INFORMATION:

Income:

Monthly take-home pay \$ _____

Other monthly income:	Amount
Welfare	\$ _____
SSI	\$ _____
Unemployment	\$ _____
Spousal/Child Support	\$ _____
Investments	\$ _____

Total Monthly Income \$ _____

Does anyone else contribute money to the household? ☐ YES ☐ NO

If yes, who? _____ How much? \$ _____

Does anyone else contribute money for the support of the child(ren) needing the guardianship? ☐ YES ☐ NO

If yes, who? _____ How much? \$ _____

Your financial Resources

Checking Accounts Balance \$ _____

Savings Accounts Balance \$ _____

Other Investments Value \$ _____

Expenses:

Names of the persons you support: _____

Rent \$ _____/month Mortgage \$ _____/month

Credit Card Debts/Car Payment/other regular monthly payments \$ _____

Total monthly expenses \$ _____

Are you financially able to support the child(ren)? ☐ YES ☐ NO

If no, what assistance will you receive? _____

Have you applied for or, are you already receiving financial assistance for this child ?

	YES	NO	
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____

Is someone else, such as a parent, receiving the above benefits for the child(ren)?

☐ UNKNOWN ☐ YES ☐ NO

Who: _____

REFERENCES:

Please list **three references** who have known you **at least five years and who are friends, not relatives.**

Give complete name, complete address, including zip codes and daytime phone numbers. Please notify them that we will be contacting them by letter or telephone.

NAME	ADDRESS	DAYTIME TELEPHONE

If you cannot provide 3 non-relative references, please explain: _____

HOBBIES:

Please describe any hobbies or activities you enjoy in your spare time:

Anything else about you that relates to your ability to be a guardian:

SECTION II

APPROPRIATENESS OF THE HOME ENVIRONMENT:

☐ Single family home ☐ Apartment/condominium Number of bedrooms _____ number of bathrooms _____
How long have you lived here? _____

Will ward have own room ☐ YES ☐ NO. If shared, with whom? Name: _____ age: _____

Do you have any guns or other weapons stored on the property? ☐ YES ☐ NO
If yes, what type of weapon? _____ Where and how stored? _____

Is there a swimming pool or hot tub? ☐ YES ☐ NO If Yes, where is it located? _____

Pets in the home: _____

OTHER CHILDREN IN THE HOME: (under 18 years of age)

Name	Birth date	School Attending	Relation to guardian

OTHER ADULTS IN THE HOME: (18 and over)

Name	Birth date	Social Security #	Employer/school	Relation to guardian

Does any adult in the home have any problem that could affect the minor, for example, child abuse/molest, criminal background, violent behavior, alcohol or drug problem? ☐ NO ☐ YES

Explain, _____

Have the police ever been to your home? ☐ YES ☐ NO

Does anyone in the home object to the guardianship? ☐ YES ☐ NO If yes, who? _____

How do other family members feel about having proposed ward(s) in the home? _____

SECTION III

SOCIAL HISTORY OF THE PROPOSED WARD(S):

Please complete the following about the child(ren) needing a guardian:

Name	Sex	Date of Birth	Place of Birth	Social Security #

☐ More listed on back

2. Does the child(ren) have a Social Worker? ☐ YES ☐ NO ☐ DON'T KNOW

If, yes, who is the Social Worker? _____ Telephone No. _____

3. Is the child subject to any existing legal custody orders? ☐ YES ☐ NO ☐ DON'T KNOW

If yes, type of order: ☐ guardianship ☐ divorce ☐ paternity ☐ juvenile court ☐ adoption proceedings.

Date of the order: _____ Case Number: _____

and where the proceeding took place: (County) _____ (State) _____

4. Does someone object to this petition? ☐ YES ☐ NO

Who? _____

5. Are you related to the child? ☐ YES ☐ NO

If yes, are you related to the child's ☐ Mother ☐ Father

Related by: ☐ Blood ☐ Marriage

How are you related? (for example: I am the child's mother's sister) _____

If not related, how do you know the child? _____

6. Why do you need the guardianship? _____

7. Who brought the child to you? _____

Why? _____

8. Please describe the child's adjustment to your home _____

9. Does the child have brothers and sisters? ☐ YES ☐ NO

Please provide names & ages of the brothers and sisters and name of person with whom they live:

NAMES of child's brothers and sisters	AGE	WITH WHOM THEY LIVE

10. Does the child visit his/her brothers and/or sisters? ☐ YES ☐ NO How often? _____

11. Are there any specific religious or cultural heritage, such as Native American ancestry, that would be a factor

in future plans? _____

12. Has the child(ren) been subjected to abuse, neglect, or abandonment? ☐ UNKNOWN ☐ YES ☐ NO

If yes, explain: _____

SCHOOL AND/OR DAY CARE:

Please contact the school or daycare and let them know we will be contacting them. Also, please attach a copy of the child's most recent report card to this questionnaire..

Name _____ Director or Principal _____

Address _____

Phone Number _____ Fax Number: _____

Teacher's Name _____

Grade level _____ Is Daycare Licensed? _____

How is the child doing in school? (Attach copy of recent report card.) _____

Does the child have any problems with teachers or other children in school? _____

What school and non-school activities does the child participate in? (school sports, scouting, dance, Little League, martial arts, soccer) _____

Does the child have any special educational needs? ☐ YES ☐ NO

Describe _____

Is the child receiving Special Education/Resource Services? ☐ YES ☐ NO

Describe _____

Is the child receiving services through the Regional Center? ☐ YES ☐ NO

Case manager: _____ Telephone No. _____

If the child has special needs, what are your plans to provide for these needs? _____

MEDICAL/HEALTH CARE:

(Please contact doctor/clinic to let them know we will be contacting them. Also, please attach a copy of the child's immunization record.)

Doctor's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Medical Insurance: _____ Medical Number: _____

Date of last appointment: _____ For what: _____

Are all required immunizations current? ☐ YES ☐ NO

Does the child have any medical problems, physical or developmental disabilities, etc.? ☐ YES ☐ NO

If yes, what is your plan to meet these needs: _____

Does the child take any prescribed medications? ☐ YES ☐ NO

If yes, what? _____

Does the child have any behavior, emotional or psychological problems? ☐ YES ☐ NO

Describe _____

Has the child ever been hospitalized? ☐ YES ☐ NO

Has the child received counseling in the past? ☐ YES ☐ NO

If yes, what for: _____

Is the child still receiving counseling? ☐ YES ☐ NO If yes, how often? _____

Name of counselor: _____

Address: _____

Phone Number: _____ Fax Number: _____

Let counselor know we will be contacting him/her.

SECTION IV

INFORMATION ABOUT THE NATURAL PARENTS OF PROPOSED WARD(S):

The Court Investigator may need to contact the parents so current information is needed.

Are the parents ☐ Married ☐ Separated ☐ Divorced ☐ Live together

Mother's Name: _____ **SSN:** _____

Date of Birth: _____ If deceased, date of death: _____

Address: _____ Phone Number: _____

Employed at: _____ Monthly Income: \$ _____

Is mother paying child support? ☐ YES ☐ NO ☐ DON'T KNOW Amount \$ _____

Does proposed ward(s) see mother? ☐ YES ☐ NO Explain: _____

Does the mother agree with the guardianship? ☐ YES ☐ NO ☐ DON'T KNOW

Does the mother have Native American Ancestry? ☐ YES ☐ NO ☐ DON'T KNOW

Father's Name: _____

Date of Birth: _____ If deceased, date of death: _____

Address: _____ Phone Number: _____

Employed at: _____ Monthly Income: \$ _____

Is father paying child support? ☐ YES ☐ NO ☐ DON'T KNOW Amount _____

Does the proposed ward(s) see the father? ☐ YES ☐ NO

How often: _____

Does the father agree with the guardianship? ☐ YES ☐ NO ☐ DON'T KNOW

Does the father have Native American Ancestry? ☐ YES ☐ NO ☐ DON'T KNOW

To your knowledge, are natural parents:

Involved in drugs? ☐ YES ☐ NO ☐ DON'T KNOW Which parent _____

In jail or prison? ☐ YES ☐ NO ☐ DON'T KNOW Which parent ? _____ Where? _____

In the military? ☐ YES ☐ NO ☐ Don't KNOW Which parent? _____ Where? _____

SECTION V - GUARDIANSHIP OF THE ESTATE

COMPLETE THIS SECTION IF YOU WANT TO BE APPOINTED GUARDIAN OF THE ESTATE. IF NOT NEEDED, SKIP THIS SECTION AND CONTINUE ON TO THE NEXT PAGE

Where is the money or property coming from that the child will be receiving:

☐ **Inheritance** - Attach a copy of the will **or** provide

Name of the deceased person _____ Date of death: _____

Probate Case No. _____ Estate administered in (county) _____ (state) _____

Child will be inheriting:

☐ Real Property - Address _____

Value of minor's interest \$ _____

☐ Cash, \$ _____ Location _____

☐ Stock/Bonds \$ _____ Location _____

☐ Other, describe _____

☐ **Insurance benefit**, Name of insured _____ Relation to child _____

Value \$ _____

☐ **Gift from** _____ (Name) _____ (relation) _____

Nature of asset (cash, real property, etc.) _____ Value \$ _____

☐ **Personal Injury Settlement** –

Case No. _____, in (county) _____, (state) _____

where the case was settled. Value \$ _____

☐ **Other source**, describe _____ Value \$ _____

What are your plans for managing the estate? (Money to be placed in a blocked bank account? investments? rental of real property? etc.) _____

Does the minor **already** have money in an individual or joint account? ☐ YES ☐ NO ☐ DON'T KNOW

Location: _____, balance: \$ _____ name(s) on individual and/or joint accounts: _____

Does the minor **already** have any other investments or property? ☐ YES ☐ NO ☐ DON'T KNOW

What _____ Value \$ _____

Do you expect to request to use the minor's estate for any purpose (taxes, tax preparation, bond premiums, court costs/fees and other expenses)? ☐ YES ☐ NO If yes, what expenses will you request the court to approve? _____

Please provide the name, address and phone number of one person who will always know how to get in contact with you.

<hr/>	<hr/>	<hr/>
(Name)	(Address)	(Telephone)

Name of attorney or person who helped you complete this form

Address

Bar No.

 Phone Number

 Fax Number

VERIFICATION

I/We the undersigned declare under the penalty of perjury that the foregoing is true and correct.

Executed in

 City **California on**

 Date

Signatures

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Fill in case number and name:

Case Number:

Case Name:

1 **Your Information** (person asking the court to waive the fees):

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

2 **Your Job**, if you have one (job title): _____

Name of employer: _____

Employer's address: _____

3 **Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number): _____

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 **What court's fees or costs are you asking to be waived?**

- ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

5 **Why are you asking the court to waive your court fees?**

a. ☐ I receive (check all that apply): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$389.59 for each extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here: ☐)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

Print your name here

Sign here

Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:
- (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
- b. Total deductions (add 8a (1)-(4) above): \$ _____
- c. Total monthly take-home pay (8a minus 8b): \$ _____
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
- (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
- e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
- b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash ----- \$ _____
- b. All financial accounts (List bank name and amount):
- (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate
- | Address | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and cleaning \$ _____
- f. Medical and dental expenses \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (another marriage) \$ _____
- j. Transportation, gas, auto repair and insurance \$ _____
- k. Installment payments (list each below):
- Paid to:
- (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
- l. Wages/earnings withheld by court order \$ _____
- m. Any other monthly expenses (list each below):
- Paid to: How Much?
- (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a – 11m above): \$ _____

Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):

3 A request to waive court fees was filed on (date):

☐ The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number and case name:

Case Number: _____

Case Name: _____

Read this form carefully. All checked boxes ☒ are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your (check one): ☐ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees the court makes the following orders:

a. ☐ The court **grants** your request, as follows:

(1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's daily fee (for up to 60 days following the fee waiver order at the court-approved daily rate)
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- ☐ Jury fees and expenses
- ☐ Fees for a peace officer to testify in court
- ☐ Fees for court-appointed experts
- ☐ Court-appointed interpreter fees for a witness
- ☐ Reporter's daily fees (beyond the 60-day period following the fee waiver order)
- ☐ Other (specify): _____

(3) ☐ **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- ☐ Preparing and certifying clerk's transcript for appeal
- ☐ Other (specify): _____

Case Number:

Your name: _____

- b. ☐ The court **denies** your request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:
- Pay your fees and costs, or
 - File a new revised request that includes the items listed below (*specify incomplete items*):

- (2) ☐ The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. ☐ The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): _____

- ☐ Bring the following proof to support your request if reasonably available: _____

**Hearing
Date**

→ Date: _____ Time: _____ Name and address of court if different from page 1: _____
Dept.: _____ Rm.: _____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one): ☐ Judicial Officer ☐ Clerk, Deputy



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): ☐ A certificate of mailing is attached.

☐ I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): _____, California on the date below.

Date: _____

Clerk, by _____, Deputy

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
 - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
 - Making and certifying copies
 - Sheriff's fee to give notice
 - Court fees for telephone hearings
 - Reporter's daily fee (*for up to 60 days after the grant of the fee waiver, at the court-approved daily rate*)
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
 - Giving notice and certificates
 - Sending papers to another court department
 - Having a court-appointed interpreter in small claims court
2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
 - Jury fees and expenses
 - Fees for court-appointed experts
 - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate*)
 - Fees for a peace officer to testify in court
 - Court-appointed interpreter fees for a witness
 - Other necessary court fees
3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).))
- **If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
GUARDIANSHIP OF (Name): MINOR		CASE NUMBER:	
CONFIDENTIAL GUARDIAN SCREENING FORM Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate		HEARING DATE AND TIME:	DEPT.:

The proposed guardian must complete and sign this form. The person requesting appointment of a guardian must submit the completed and signed form to the court with the guardianship petition.
This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed guardian must complete and sign a separate copy of this form under rule 7.1001 of the California Rules of Court. The information provided will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint the proposed guardian as guardian. The proposed guardian **must** respond to each item.

1. a. **Proposed guardian (name):**
b. Date of birth:
c. Social security number:
d. Driver's license number:
e. Telephone numbers: Home: Work: Other: State:
2. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290.
(If you checked "I am," explain in Attachment 2.)
3. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)
☐ (Check here if you have been arrested for drug or alcohol-related offenses.)
4. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years.
(If you checked "I have," explain in Attachment 4.)
5. ☐ I am ☐ I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue.
(If you checked "I am," explain in Attachment 5.)
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
☐ Yes ☐ No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)
7. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation? ☐ Yes ☐ No (If you checked "Yes," explain in Attachment 7.)
8. ☐ I am ☐ I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)
9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?
☐ Yes ☐ No (If you checked "Yes," explain in Attachment 9.)

Page 1 of 2

Guardianship of (*all children's names*): _____

This child's name: _____

Fill out a separate copy of this form for **each** child for whom you want the court to appoint a guardian.**This form is attached to the Petition, ☐ item 2 of form GC-210, or ☐ item 8 of form GC-210(P).**The Petition asks for the appointment of a guardian of this child's (*specify*): ☐ person ☐ estate ☐ person and estate**1 Tell the court about this child**a. Child's full legal name: _____ Date of birth: _____

FirstMiddleLastMonth/Day/Year

b. Child's current address: _____

_____c. (*Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.*)(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, (*specify tribe*): _____*(If you checked "Yes" to item (1), this guardianship case is subject to the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901, et seq.). If you checked "Not sure" or "No" to item 1, answer item (2)).*

(2) Do you know or have reason to know (within the meaning of Prob. Code, § 1460.2, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?

☐ No ☐ Yes (*If you checked "Yes" to either item (1) or item (2), you must fill out a Notice of Child Custody Proceeding for Indian Child (Form ICWA-030) ("Notice"). Your attorney must serve copies of the Notice, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original Notice and deliver it to the court. After service, the original Notice and all return receipts must be filed with the court. Service of the Notice is in addition to service of any other notices required in this case.*)d. Is this child married? ☐ Yes ☐ No ☐ Never married If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? ☐ Yes ☐ No*(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)*e. Is this child receiving public assistance? ☐ Yes ☐ No ☐ Unknown (*If you checked "Yes," fill out below.*)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

f. Name and address of the person with *legal* custody of this child: _____

_____

Guardianship of (*all children's names*): _____

Case Number:

This child's name: _____

1 Tell the court about this child (continued)

- g. ☐ (*Check this box and fill out below if the person the child lives with is not the person with legal custody.*)

Name and address of the person this child lives with (has the care of the child): _____

- h. ☐ (*Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, custody, or other similar court case.*) Describe the court case below:

Type of Case	Court District or County and State	Case Number (if known)

- i. ☐ (*Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.*) Write the name of the institution here: _____

2 List the names and addresses of this child's relatives and other persons shown below:

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____
Mother	_____	_____
Grandfather (Father's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Mother's mother)	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____



Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____
Brother/Sister	_____	_____

☐ Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2:—Other Siblings" at the top of the paper and attach it to this form.

Spouse (Guardianship of the estate only)	_____	_____
Person nominated as guardian of this child (Other than a proposed guardian listed in 3)	_____	_____

3 Information about the proposed guardian:

a. Name (name all proposed guardians if more than one): _____

b. Relationship(s) to the child named in 1 (check all that apply):

☐ Relative (specify relationships of all proposed guardians to the child): _____

☐ Not a relative (explain interest in or connection to this child): _____

4 Explain why appointing the person in 3 guardian would be best for this child: _____

☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4:—Best Interest of Child" at the top of the paper and attach it to this form.

Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?

a. Father: ☐ Yes ☐ No ☐ Not known at this time.

b. Mother: ☐ Yes ☐ No ☐ Not known at this time.

(You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4) signed by the child's parent or parents (or any adult relative listed in 2) who agree. The court may excuse you from having to give notice of the court hearing on your request for appointment of a guardian to a parent or other relative who signs that form.)

6 Suitability for guardianship of this child

a. Does this child live with the person in 3 now? ☐ Yes ☐ No

b. If the court approves the guardianship, will this child live with the person in 3? ☐ Yes ☐ No

c. Does the person in 3 plan to adopt this child now? ☐ Yes ☐ No

7 ☐ Check this box if you (the petitioner) are not the person in 3, and fill in below.

Your relationship to this child:

☐ Relative (specify): _____

☐ Not a relative (explain your interest in or connection to this child): _____

8 Except as otherwise stated in this form, the statements made in the Petition to which this form is attached fully apply to this child.

Guardianship of (*all children's names*): _____

This child's name: _____

Fill out a separate copy of this form for **each** child for whom you want the court to appoint a guardian.**This form is attached to the Petition, ☐ item 2 of form GC-210, or ☐ item 8 of form GC-210(P).**The Petition asks for the appointment of a guardian of this child's (*specify*): ☐ person ☐ estate ☐ person and estate**1 Tell the court about this child**a. Child's full legal name: _____ Date of birth: _____

FirstMiddleLastMonth/Day/Year

b. Child's current address: _____

_____c. (*Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.*)(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, (*specify tribe*): _____*(If you checked "Yes" to item (1), this guardianship case is subject to the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901, et seq.). If you checked "Not sure" or "No" to item 1, answer item (2)).*

(2) Do you know or have reason to know (within the meaning of Prob. Code, § 1460.2, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?

☐ No ☐ Yes (*If you checked "Yes" to either item (1) or item (2), you must fill out a Notice of Child Custody Proceeding for Indian Child (Form ICWA-030) ("Notice"). Your attorney must serve copies of the Notice, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original Notice and deliver it to the court. After service, the original Notice and all return receipts must be filed with the court. Service of the Notice is in addition to service of any other notices required in this case.*)d. Is this child married? ☐ Yes ☐ No ☐ Never married If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? ☐ Yes ☐ No*(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)*e. Is this child receiving public assistance? ☐ Yes ☐ No ☐ Unknown (*If you checked "Yes," fill out below.*)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

f. Name and address of the person with *legal* custody of this child: _____

_____

Guardianship of (*all children's names*): _____

Case Number:

This child's name: _____

1 Tell the court about this child (continued)

- g. ☐ (*Check this box and fill out below if the person the child lives with is not the person with legal custody.*)

Name and address of the person this child lives with (has the care of the child): _____

- h. ☐ (*Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, custody, or other similar court case.*) Describe the court case below:

Type of Case	Court District or County and State	Case Number (if known)

- i. ☐ (*Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.*) Write the name of the institution here: _____

2 List the names and addresses of this child's relatives and other persons shown below:

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____
Mother	_____	_____
Grandfather (Father's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Mother's mother)	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____



Guardianship of (all children's names): _____

Case Number:

This child's name: _____

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____ _____
Brother/Sister	_____	_____ _____

☐ Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2:—Other Siblings" at the top of the paper and attach it to this form.

Spouse (Guardianship of the estate only)	_____	_____ _____
Person nominated as guardian of this child (Other than a proposed guardian listed in ③)	_____	_____ _____

3 Information about the proposed guardian:

a. Name (name all proposed guardians if more than one): _____

b. Relationship(s) to the child named in ① (check all that apply):

☐ Relative (specify relationships of all proposed guardians to the child): _____

☐ Not a relative (explain interest in or connection to this child): _____

4 Explain why appointing the person in ③ guardian would be best for this child: _____

☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4:—Best Interest of Child" at the top of the paper and attach it to this form.

Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?

a. Father: ☐ Yes ☐ No ☐ Not known at this time.

b. Mother: ☐ Yes ☐ No ☐ Not known at this time.

(You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4) signed by the child's parent or parents (or any adult relative listed in 2) who agree. The court may excuse you from having to give notice of the court hearing on your request for appointment of a guardian to a parent or other relative who signs that form.)

6 Suitability for guardianship of this child

a. Does this child live with the person in 3 now? ☐ Yes ☐ No

b. If the court approves the guardianship, will this child live with the person in 3? ☐ Yes ☐ No

c. Does the person in 3 plan to adopt this child now? ☐ Yes ☐ No

7 ☐ Check this box if you (the petitioner) are not the person in 3, and fill in below.

Your relationship to this child:

☐ Relative (specify): _____

☐ Not a relative (explain your interest in or connection to this child): _____

8 Except as otherwise stated in this form, the statements made in the Petition to which this form is attached fully apply to this child.

Guardianship of (*all children's names*): _____

This child's name: _____

Fill out a separate copy of this form for **each** child for whom you want the court to appoint a guardian.**This form is attached to the Petition, ☐ item 2 of form GC-210, or ☐ item 8 of form GC-210(P).**The Petition asks for the appointment of a guardian of this child's (*specify*): ☐ person ☐ estate ☐ person and estate**1 Tell the court about this child**a. Child's full legal name: _____ Date of birth: _____

FirstMiddleLastMonth/Day/Year

b. Child's current address: _____

c. (*Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.*)(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, (*specify tribe*): _____*(If you checked "Yes" to item (1), this guardianship case is subject to the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901, et seq.). If you checked "Not sure" or "No" to item 1, answer item (2)).*

(2) Do you know or have reason to know (within the meaning of Prob. Code, § 1460.2, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?

☐ No ☐ Yes (*If you checked "Yes" to either item (1) or item (2), you must fill out a Notice of Child Custody Proceeding for Indian Child (Form ICWA-030) ("Notice"). Your attorney must serve copies of the Notice, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original Notice and deliver it to the court. After service, the original Notice and all return receipts must be filed with the court. Service of the Notice is in addition to service of any other notices required in this case.*)d. Is this child married? ☐ Yes ☐ No ☐ Never married If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? ☐ Yes ☐ No*(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)*e. Is this child receiving public assistance? ☐ Yes ☐ No ☐ Unknown (*If you checked "Yes," fill out below.*)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other (<i>explain</i>):	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

f. Name and address of the person with *legal* custody of this child: _____

Guardianship of (*all children's names*): _____

Case Number:

This child's name: _____

1 Tell the court about this child (continued)

- g. ☐ (*Check this box and fill out below if the person the child lives with is not the person with legal custody.*)

Name and address of the person this child lives with (has the care of the child): _____

- h. ☐ (*Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, custody, or other similar court case.*) Describe the court case below:

Type of Case	Court District or County and State	Case Number (if known)

- i. ☐ (*Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.*) Write the name of the institution here: _____

2 List the names and addresses of this child's relatives and other persons shown below:

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____ _____
Mother	_____	_____ _____
Grandfather (Father's father)	_____	_____ _____
Grandmother (Father's mother)	_____	_____ _____
Grandfather (Mother's father)	_____	_____ _____
Grandmother (Mother's mother)	_____	_____ _____
Brother/Sister	_____	_____ _____
Brother/Sister	_____	_____ _____
Brother/Sister	_____	_____ _____



Guardianship of (all children's names): _____

Case Number:

This child's name: _____

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____ _____
Brother/Sister	_____	_____ _____

☐ Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2:—Other Siblings" at the top of the paper and attach it to this form.

Spouse (Guardianship of the estate only)	_____	_____ _____
Person nominated as guardian of this child (Other than a proposed guardian listed in ③)	_____	_____ _____

3 Information about the proposed guardian:

a. Name (name all proposed guardians if more than one): _____

b. Relationship(s) to the child named in ① (check all that apply):

☐ Relative (specify relationships of all proposed guardians to the child): _____

☐ Not a relative (explain interest in or connection to this child): _____

4 Explain why appointing the person in ③ guardian would be best for this child: _____

☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4:—Best Interest of Child" at the top of the paper and attach it to this form.

Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?

a. Father: ☐ Yes ☐ No ☐ Not known at this time.

b. Mother: ☐ Yes ☐ No ☐ Not known at this time.

(You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4) signed by the child's parent or parents (or any adult relative listed in 2) who agree. The court may excuse you from having to give notice of the court hearing on your request for appointment of a guardian to a parent or other relative who signs that form.)

6 Suitability for guardianship of this child

a. Does this child live with the person in 3 now? ☐ Yes ☐ No

b. If the court approves the guardianship, will this child live with the person in 3? ☐ Yes ☐ No

c. Does the person in 3 plan to adopt this child now? ☐ Yes ☐ No

7 ☐ Check this box if you (the petitioner) are not the person in 3, and fill in below.

Your relationship to this child:

☐ Relative (specify): _____

☐ Not a relative (explain your interest in or connection to this child): _____

8 Except as otherwise stated in this form, the statements made in the Petition to which this form is attached fully apply to this child.

Guardianship of (*all children's names*): _____

This child's name: _____

Fill out a separate copy of this form for **each** child for whom you want the court to appoint a guardian.**This form is attached to the Petition, ☐ item 2 of form GC-210, or ☐ item 8 of form GC-210(P).**The Petition asks for the appointment of a guardian of this child's (*specify*): ☐ person ☐ estate ☐ person and estate**1 Tell the court about this child**a. Child's full legal name: _____ Date of birth: _____

FirstMiddleLastMonth/Day/Year

b. Child's current address: _____

_____c. (*Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.*)(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, (*specify tribe*): _____*(If you checked "Yes" to item (1), this guardianship case is subject to the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901, et seq.). If you checked "Not sure" or "No" to item 1, answer item (2)).*

(2) Do you know or have reason to know (within the meaning of Prob. Code, § 1460.2, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?

☐ No ☐ Yes (*If you checked "Yes" to either item (1) or item (2), you must fill out a Notice of Child Custody Proceeding for Indian Child (Form ICWA-030) ("Notice"). Your attorney must serve copies of the Notice, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original Notice and deliver it to the court. After service, the original Notice and all return receipts must be filed with the court. Service of the Notice is in addition to service of any other notices required in this case.*)d. Is this child married? ☐ Yes ☐ No ☐ Never married If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? ☐ Yes ☐ No*(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)*e. Is this child receiving public assistance? ☐ Yes ☐ No ☐ Unknown (*If you checked "Yes," fill out below.*)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other (<i>explain</i>): _____	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other (<i>explain</i>): _____	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

f. Name and address of the person with *legal* custody of this child: _____

_____

Guardianship of (*all children's names*): _____

Case Number:

This child's name: _____

1 Tell the court about this child (continued)

- g. ☐ (*Check this box and fill out below if the person the child lives with is not the person with legal custody.*)

Name and address of the person this child lives with (has the care of the child): _____

- h. ☐ (*Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, custody, or other similar court case.*) Describe the court case below:

Type of Case	Court District or County and State	Case Number (if known)

- i. ☐ (*Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.*) Write the name of the institution here: _____

2 List the names and addresses of this child's relatives and other persons shown below:

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____
Mother	_____	_____
Grandfather (Father's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Mother's mother)	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____



Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____
Brother/Sister	_____	_____

☐ Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2:—Other Siblings" at the top of the paper and attach it to this form.

Spouse (Guardianship of the estate only)	_____	_____
Person nominated as guardian of this child (Other than a proposed guardian listed in 3)	_____	_____

3 Information about the proposed guardian:

a. Name (name all proposed guardians if more than one): _____

b. Relationship(s) to the child named in 1 (check all that apply):

☐ Relative (specify relationships of all proposed guardians to the child): _____

☐ Not a relative (explain interest in or connection to this child): _____

4 Explain why appointing the person in 3 guardian would be best for this child: _____

☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4:—Best Interest of Child" at the top of the paper and attach it to this form.

Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?

a. Father: ☐ Yes ☐ No ☐ Not known at this time.

b. Mother: ☐ Yes ☐ No ☐ Not known at this time.

(You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4) signed by the child's parent or parents (or any adult relative listed in 2) who agree. The court may excuse you from having to give notice of the court hearing on your request for appointment of a guardian to a parent or other relative who signs that form.)

6 Suitability for guardianship of this child

a. Does this child live with the person in 3 now? ☐ Yes ☐ No

b. If the court approves the guardianship, will this child live with the person in 3? ☐ Yes ☐ No

c. Does the person in 3 plan to adopt this child now? ☐ Yes ☐ No

7 ☐ Check this box if you (the petitioner) are not the person in 3, and fill in below.

Your relationship to this child:

☐ Relative (specify): _____

☐ Not a relative (explain your interest in or connection to this child): _____

8 Except as otherwise stated in this form, the statements made in the Petition to which this form is attached fully apply to this child.

GC-110(P)**Petition for Appointment of
Temporary Guardian of the Person**

Clerk stamps date here when form is filed.

Temporary guardianship of (all children's names): _____

You may use this form or Petition for Appointment of Temporary Guardian or Conservator (form GC-110) to ask the court to appoint a temporary guardian of the person for a minor child. (You must use form GC-110 to ask for appointment of a temporary guardian of a minor child's estate or person and estate.) You may use this form to request appointment of a temporary guardian for one or more than one child. A petition for appointment of a (general) guardian concerning this child or these children (form GC-210 or form GC-210(P)) must have already been filed in this case or filed with this petition.

Fill in court name and street address:

Superior Court of California,
County of _____

Clerk fills in case number when form is filed.

Case Number: _____

- ① **Your name** (include the names of all persons who are requesting the court to appoint them or the person named in ④ as temporary guardian of the child or children named above and in ⑥. All must sign this form.):

a. _____
b. _____

- ② **Your address and telephone number:**

Street: _____ Apt.: _____

City: _____

State: _____ Zip: _____ Phone: _____

- ③ ☐ **Your lawyer** (if you have one):

Name: _____ Bar No.: _____

Firm name, if any: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax (optional): _____ E-mail (optional): _____

- ④ ☐ **I/We want to be the temporary guardian of the child or children named in ⑥ . (Go to ⑤ .)**

- ☐ **I/We want the person or persons named here to be the temporary guardian of the child or children named above. Tell the court about the proposed guardian(s) below.**

Name(s): _____

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: _____

- ☐ **I am the child or one of the children named in ⑥ and one of the persons named in ① . I am at least 12 years old. I want the person named here to be my temporary guardian.**

My date of birth is (month/day/year): _____



Temporary guardianship of (*all children's names*): _____

Case Number: _____

5 The relationship of the proposed temporary guardian named in ① or ④ to the child or children named in ⑥ is (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Grandmother (father's mother) | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Grandfather (father's father) | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother (mother's mother) | <input type="checkbox"/> Brother (adult) |
| <input type="checkbox"/> Grandfather (mother's father) | <input type="checkbox"/> Sister (adult) |
| <input type="checkbox"/> Other Relative (<i>explain relationship to child or children</i>): _____ | |

- ☐ Not related to the child or children (*explain proposed guardian's interest in or connection to the child*):

6 The child or children who need a temporary guardian are:

a. Child's full legal name: _____

Child's current address: _____

Child's current phone number: _____

b. Child's full legal name: _____

Child's current address: _____

Child's current phone number: _____

- ☐ Check here if you want a temporary guardian for additional children. Give the information asked above for each additional child on a separate sheet of paper. Write "Form GC-110(P)—Attachment 6: Additional Children" at the top of the paper and attach it to this form.

7 Why do the child or children in ⑥ need a temporary guardian right now?

The child or children need temporary care, maintenance, and support right now because (*explain*):

- ☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "GC-110(P)—Item 7: Reasons for Appointment of Temporary Guardian" at the top of the paper and attach it to this form.

Case Number:

Temporary guardianship of (*all children's names*): _____

Case Number: _____

**INFORMATION ABOUT GIVING NOTICE OF THE HEARING ON YOUR
PETITION AND REQUESTING A GOOD CAUSE EXCEPTION TO GIVING NOTICE**

You must give at least five days advance written notice of the court hearing on your petition for appointment of a temporary guardian. The written notice must be personally delivered to (1) the child if he or she is at least 12 years old, (2) the child's parents, and (3) any person who has a valid and effective visitation order with the child. Written notice is given by delivering a filled-in copy of this petition and a filled-in copy of a *Notice of Hearing—Guardianship or Conservatorship* (form GC-020), showing the date, time, and place of the hearing and the title of this petition. See *What Is "Proof of Service" in a Guardianship?* (form GC-510) for more information on how to give notice in a guardianship and how to prove that you have given notice. The instructions in that form for personal service apply here, but the time limits for giving notice mentioned in that form do not apply to a temporary guardianship. There is much less time to complete this task when a petition for appointment of a temporary guardian is involved.

The court may waive (excuse) or change the requirement of giving notice if you can show the court good cause why an exception should be made to the requirement of giving notice. This showing may be made by completing item 9b on page 3 of this form.

If you want the court to waive notice to someone because he or she cannot be found, you must show the court that you have made reasonable efforts to find that person. See rules 7.52 and 7.1012 of the California Rules of Court for information on making reasonable efforts to find a person and on the good cause exception to notice of the hearing on a petition for appointment of a temporary guardian.

10 All attachments are made part of this form as though placed here.

There are _____ pages attached to this form. (*If none, write "0."*)

All persons named in ① (petitioners) and their attorney (if they have one) must read and sign below.

Date: _____
Petitioner's Attorney types or prints name here *Petitioner's Attorney signs here*

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____
Petitioner types or prints name here *Petitioner signs here*

Date: _____
Petitioner types or prints name here *Petitioner signs here*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TEMPORARY GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ MINOR	
ORDER APPOINTING TEMPORARY GUARDIAN	CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

1. The petition for appointment of a temporary guardian came on for hearing as follows (check boxes c–l to indicate personal presence):

- a. Judicial officer (name): _____
- b. Hearing date: _____ Time: _____ Dept.: ☐ Room: ☐
- c. ☐ Petitioner (name): _____
- d. ☐ Attorney for petitioner (name): _____
- e. ☐ Minor (name): _____
- f. ☐ Attorney for minor (name): _____
- g. ☐ Minor's parents (names): _____
- h. ☐ Attorney for minor's parents (names): _____
- i. ☐ Person with valid visitation order (name): _____
- j. ☐ Attorney for person with valid visitation order (name): _____
- k. ☐ Public Guardian (name): _____
- l. ☐ Attorney for Public Guardian (name): _____

THE COURT FINDS

2. a. ☐ Notice of the time and place of hearing has been given as required by law.
- b. ☐ Notice of the time and place of hearing ☐ has been ☐ should be dispensed with for (names): _____
3. It is necessary that a temporary guardian be appointed to ☐ provide for temporary care, maintenance, and support
☐ protect property from loss or injury ☐ pending the hearing on the petition for appointment of a general guardian.
☐ pending an appeal under Probate Code section 1301. ☐ during the suspension of powers of the guardian.

THE COURT ORDERS

4. a. ☐ (Name): _____
 (Address): _____ (Telephone): _____
- is appointed temporary guardian of the PERSON of (name): _____
 and Letters shall issue upon qualification.
- b. ☐ (Name): _____
 (Address): _____ (Telephone): _____
- is appointed temporary guardian of the ESTATE of (name): _____
 and Letters shall issue upon qualification.

TEMPORARY GUARDIANSHIP OF (Name): MINOR	CASE NUMBER:
---	--------------

5. ☐ Notice of hearing to the persons named in item 2b is dispensed with.
6. a. ☐ Bond is not required.
- b. ☐ Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
- c. ☐ Deposits of: \$ _____ are ordered to be placed in a blocked account at *(specify institution and location)*:
- _____ and receipts shall be filed. No withdrawals shall be made without a court order. ☐ Additional orders in attachment 6c.
- d. ☐ The temporary guardian is not authorized to take possession of money or any other property without a specific court order.
7. ☐ In addition to the powers granted by law, the temporary guardian is granted other powers. These powers are specified ☐ in attachment 7. ☐ below *(specify)*:

8. ☐ Other orders as specified in attachment 8 are granted.
9. ☐ Unless modified by further order of the court, this order expires on *(date)*:
10. Number of boxes checked in items 4–9: _____
11. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

☐ After recording return to:

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP
OF (Name):☐ MINOR ☐ CONSERVATEE

CASE NUMBER:

LETTERS OF TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP
☐ Person ☐ Estate

FOR COURT USE ONLY

LETTERS

1. (Name):

is appointed temporary ☐ guardian ☐ conservator of the ☐ person
☐ estate of (name):2. ☐ Other powers that have been granted or restrictions imposed on the temporary
☐ guardian ☐ conservator are ☐ specified in Attachment 2.
☐ specified below.

3. These Letters shall expire

- a.
- ☐
- on (date): or upon earlier issuance of Letters to a general guardian or conservator.
-
- b.
- ☐
- on other date (specify):

4. ☐ The temporary ☐ guardian ☐ conservator is not authorized to take possession of money or any other property
without a specific court order.

5. Number of pages attached: _____

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date:

Clerk, by _____, Deputy

This form may be recorded as notice of the establishment of a temporary conservatorship of the estate as provided in Probate Code section 1875.

TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF _____ (Name): <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	CASE NUMBER:
---	--------------

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Temporary Guardianship* or *Letters of Temporary Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the temporary guardian or temporary conservator of the estate (1) to take possession or control of an asset of the minor or conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship or conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courtinfo.ca.gov/forms/. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form), or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe deposit box held by the financial institution. A single form may be filed for all affected accounts or safe deposit boxes held by the financial institution.

LETTERS OF TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of temporary ☐ guardian. ☐ conservator.

Executed on (date): _____, at (place): _____



 (TYPE OR PRINT NAME)

 (SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside and are still in full force and effect.

(SEAL)

Date:

Clerk, by _____, Deputy

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	CASE NUMBER: _____
--	--------------------

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

☐ Continued on Attachment 4.

5. I am (*check all that apply*):
 - a. ☐ not a registered California process server.
 - b. ☐ a California sheriff or marshal.
 - c. ☐ a registered California process server.
 - d. ☐ an employee or independent contractor of a registered California process server.
 - e. ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	Name	Address where served (<i>number, street, city, and state</i>)	Date and time service made
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

- ☐ List of names and addresses of persons personally served by the undersigned continued on an attachment.
(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date: _____

▶ _____
 (SIGNATURE)

▶ _____
 (SIGNATURE)